	, mr.
	n
	O
	Ф
	Ф
	Ф
	Q
	Û
	Ф
•	Û
•	
•	
•	
•	
•	

			PTO/SB/122 (10-00)
Please type a plus sign side this box	U.S. Patrent a	Approvide through 1923 and Trademark Office: U.S. DEPART	MENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required	to respond to a collection	of information uness & displays a ve	24 CMB control number.

**CHANGE OF** RRESPONDENCE ADDRESS Applicati n

Assistant Commissioner for Patents

uddress to:

Application Number	
Filling Cate	July 25, 2001
First Named Inventor	H. MASUMA
Group Art Unit	
Examiner Name	
Attorney Docket Number	980756D/LH.

Washington, D.C. 20231 Please change the Correspondence Address for the above-identified application 01933 Customer Number X 01933 Type Customer Number here PATENT TRADEMARK OFFICE OR Firm or Individual Name Address Address ZIP City Country Fax Telephone This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change\* (PTO/S8/124). I am the: Accilcant/Inventor. Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/S8/96). Attorney or Agent of record. Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_ Typed or Printed Douglas Holtz, Reg. No. 33,902 Name Signature July 25, 2001 Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

forms are submitted. Burden Hour Statement. This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on